



STATE OF NEW JERSEY  
PUBLIC EMPLOYMENT RELATIONS COMMISSION  
PO Box 429  
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery  
495 West State St.  
Trenton, NJ 08618

NOTICE OF IMPASSE

<b>INSTRUCTIONS:</b> File an original and 4 copies of this notice with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly.		<b>DO NOT WRITE IN THIS SPACE</b>	
		<b>DOCKET NO.</b>	
		<b>DATE FILED:</b>	
As of the date of this notice the public employer and the certified or recognized employee organization have failed to achieve an agreement through direct negotiations and an impasse exists concerning the terms and conditions of employment of the employees in the negotiating unit. It is requested that a mediator be assigned in accordance with the New Jersey Employer-Employee Relations Act, as amended, and the Commission's Rules and Regulations.			
<b>1. PUBLIC EMPLOYER</b>			
Full Name:		County:	
Address of Employer (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Public Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
<b>2. EXCLUSIVE REPRESENTATIVE</b>			
Full Name:			
Address of Exclusive Representative (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Exclusive Representative (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
<b>3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:</b>			Approximate number of employees in the unit:
Included:			
Excluded:			
<b>4. DATES AND DURATION OF NEGOTIATIONS SESSIONS:</b>			
<b>5. Termination date of the current agreement, if any (month, day and year). (If none, so state)</b> _____		<b>6. Public Employer s required budget submission date:</b> _____	
<b>7. SET FORTH IN DETAIL THE FACTS GIVING RISE TO THE REQUEST:</b>			
a. List principal items in dispute:			
b. Provide additional information which may be helpful <i>(including all other issues in dispute)</i> :			
(Attach additional sheets, if necessary)			
<b>8. CERTIFICATION (If request is joint, the signature of a representative of each party is required).</b>			
I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.			
Requesting Party and Affiliation, If Any		Requesting Party and Affiliation, If Any	
By _____	By _____	By _____	By _____
(Signature of Representative)	(Title)	(Signature of Representative)	(Title)
Date _____	Date _____	Date _____	Date _____